

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): TELEPHONE NO: ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input type="checkbox"/> Butte County Courthouse One Court Street Oroville, CA 95965 (530) 538-7002 <input type="checkbox"/> Paradise Courthouse 747 Elliott Road Paradise, CA 95969 (530) 532-7018	
<input type="checkbox"/> Chico Courthouse 655 Oleander Chico, CA 95926 (530) 532-7009 <input type="checkbox"/> Gridley Courthouse 239 Sycamore Gridley, CA 95948 (530) 532-7006	
PLAINTIFF(S): DEFENDANT (S):	CASE NUMBER:
<div style="text-align: center;"> Arbitrator's Fee Statement [CRC § 1608] </div>	

Pursuant to CRC § 1608(c), I hereby submit my Request for Payment of Arbitrator's Fees in the above-entitled matter. I declare that I was the duly appointed Arbitrator and that I fully performed all official responsibilities herein.

Date of Arbitration Hearing: _____, 20_____.

Time Spent in Hearing:	_____	Hours
Preparation:	_____	Hours
Arbitration Hearing & Preparation:	_____	Total Hours

Date of Arbitration Award: _____, 20_____.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, UNDER THE LAW OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: _____, 20_____

Arbitrator's Signature

I hereby affirm that the above-named Arbitrator has completed all official duties required and has filed the award; and that the requested Arbitrator's Fee is in accordance with California Rules of Court. The requested Arbitrator's Fee in the amount of \$ _____ is hereby approved.

DATE: _____, 20_____

JUDGE OF THE SUPERIOR COURT